



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
Individual and Isolated Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees			
County:			District:		District Level:	
31 Mineral			0577 Alberton K-12 Schools		High School	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
2	1262	No	MCCOMB, KURT		0.25	_____
2	1263	No	TOMLINSON, CHAD & MARY		2.50	_____
2	1264	No	CALLISON, RICK & SALINAS		0.75	_____
2	1265	No	GASS, TOM & DAWN		2.25	_____



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Date			Signature, Chair, Board of Trustees			
County:			District:		District Level:	
31 Mineral			0582 St Regis K-12 Schools		High School	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
1	1425	No	SNODGRASS, MARIE		0.25	_____
1	2289	No	Hill, Devin & Tina		0.00	_____